PRINTED: 02/10/2011 FORM APPROVED

DEPART	MENT OF HEALTH	AND HU, I SERVICES		7/7 1.1	FORM APPROVED	)
CENTER	S FOR MEDICARE	& MEDICAID SERVICES L	159		OMB NO. 0938-0391	_
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULT		(X3) DATE SURVEY COMPLETED	
		445275	B. WING	N N N N N N N N N N N N N N N N N N N	02/07/2011	
	ROVIDER OR SUPPLIER RE CENTER OF JEFF	ERŜON CITY		TREET ADDRESS, CITY, STATE, ZIP CODE 336 WEST OLD ANDREW JOHNSON HWY JEFFERSON CITY, TN 37760	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION	
K 000	INITIAL COMMEN	rs	K 00	0		
K 018 SS≃E	combustible construction automatic sprinkler K6 PLAN APPROV K7 SURVEY UNDER K8 SNF NFPA 101 LIFE SATE Doors protecting or required enclosure hazardous areas a those constructed wood, or capable of minutes. Doors in required to resist the impediment to the are provided with a second constructed with a second construction of the second construction in the second construct		K 01	8 K018 NFPA 101 LIFE SAFETY STANDARD  What corrective actions will be accomplished for those resident to have been affected by the despractice?  All corridor doors identified to in Room numbers 113, 124, 126, 21 have been repaired as of 2/18/11	is found ficient clude 3, and 225 so that	
		9.3.6.3 prohibited by CMS regulations acilities.		How will the facility identify ot residents with the potential to by the deficiency?	her	
				All residents have the potential to affected. Training, systemic charaudits, and a performance improprogram as described below have implemented to ensure all corriduciose to a positive latch so that or residents are well protected in ca	nges, vement e been or doors	
	Based on observa	is not met as evidenced by: tion and interview, the facility pridor doors closed to a positive		facility fire.		
	latch. (NFPA 101,			What systemic change will be place to ensure the practice wi	put into Il not re-	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency/which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: TN4503

occur?

TITLE

The findings include:

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DEPARTMENT OF HEALTH AND HUI. ... SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

(X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Description of the Control of the Co			(X3) DATE SURVEY COMPLETED	
		445275	B. WING			02/07/2011	
	ROVIDER OR SUPPLIER RECENTER OF JEFF	ERSON CITY		33	EET ADDRESS, CITY, STATE, ZIP CODE 38 WEST OLD ANDREW JOHNSON HI EFFERSON CITY, TN 37760	WY	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETIO DATE
K 018	Observation and ir Director during the 3:30 p.m. confirme	nterview with the Maintenance fire drill on February 7, 2011 at ed corridor doors to residents 26, 213, and 225 failed to close	K	018	Staff Development Coordinator inserviced all staff (to include the Maintenance Director) on Fire on 2/18/11, and that anytime at notices that a door is not latching fill out a work order immediate notify maintenance so that it carepaired immediately. SDC als all staff on 2/18/11 that along womenthly fire drill every door in must be checked to ensure they a positive latch. Any doors for compliance will be repaired/regimmediately.  How will the facility monitor the deficiency is corrected and re-occur?  Maintenance Director or design	he Procedures ny associate ng they must ely and on be so inserviced with each the facility all close to and out of blaced and ensure d will not	
e					check every facility door for lattimes per month (one of these of the performed as a part of the modrill). This will be done 2 time for 3 months or until 100% compachieved. After 100% complianchieved door latch checks will time per month during the mondrill. All doors found to be our compliance (not latching) will immediately repaired/replaced.  Maintenance Director will report to the PI committee for 3 months.	ching 2 checks will conthly fire s per month npliance is nee is l occur 1 thly fire t of be cort findings ths for	
	,			\$P	recommendations and follow to Performance Improvement con- includes the ED, DON, Medica Consultant Pharmacist, Mainte Director, and interdisciplinary	ip, nmittee al Director, enance department	et Page 2

DEPARTMENT OF HEALTH AND HUM SERVICES

LCC JEFFERSON CITY

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TATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIP	LE CONSTRUCTION	(X3) DATE SUR	
ND PLAN O	F GORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDING	01 - MAIN BUILDING 01	COMPLETE	
		445275	B. WIN			02/07/	2011
	ROVIDER OR SUPPLIER	FERSON CITY		33	EET ADDRESS, CITY, STATE, ZIP COD 6 WEST OLD ANDREW JOHNSON EFFERSON CITY, TN 37760	HWY	
			-	JE	PROVIDER'S PLAN OF COR	RECTION	(X5)
(X4) ID PREFIX TAG	(FACH DEFICIENC	ATEMENT OF DEFICIENCIES  CY MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	DATE
K 018	Continued From p	page 1	К	018			
K 029 SS=E	Director during the 3:30 p.m. confirm rooms 113, 124, to a positive latch NFPA 101 LIFE S	nterview with the Maintenance e fire drill on February 7, 2011 at ed corridor doors to residents 126, 213, and 225 failed to close AFETY CODE STANDARD	к	029	K029 NFPA 101 LIFE SAF STANDARD	ETY CODE	अधिक ।।।
55=E	One hour fire rate fire-rated doors) of extinguishing system and/or 19.3.5.4 p the approved autoption is used, the other spaces by doors. Doors are field-applied protests inches from the street of t	ed construction (with % hour or an approved automatic fire tem in accordance with 8.4.1 rotects hazardous areas. When comatic fire extinguishing system e areas are separated from smoke resisting partitions and e self-closing and non-rated or ective plates that do not exceed the bottom of the door are 3.2.1			What corrective actions wi accomplished for those resi to have been affected by th practice?  In order to assure the facility construction is maintained in areas the following correction been/will be made:	dents found e deficient 's fire rated hazardous	
	This STANDARI Based on observation is not construction is not construction is not confirmed unsectionations:  1) Kitchen ceil system cylinder 2) Kitchen ceil the gas line, 3) Kitchen wall to the service him.	D is not met as evidenced by: vation and interview, the facility hazardous area 's fire rated haintained. lude: I interview with the Maintenance ruary 7, 2011 at 2:00 p.m. haled penetrations in the following hing above the hood suppression hing on the side of the hood near I above the door from the kitchen			<ol> <li>Kitchen ceiling pener the hood suppression cylinder has been seapproved/appropriated.</li> <li>Kitchen ceiling pener side of the hood near has been sealed with approved/appropriated.</li> <li>Kitchen wall penetred door from the kitchen hall has been sealed approved/appropriated.</li> <li>Electrical room walk adjacent to boiler repaired with appromaterials prior to 3.</li> </ol>	n system raled with the materials. The gas line the gas line the materials. The materials. The materials ation above the ten to the services with the materials. The penetration from will be wed/appropriate	

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FORM APPROVED OMB NO. 0938-0391

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

(X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING 01 - MAIN BUILDING 01 B. WING 02/07/2011 445275 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 336 WEST OLD ANDREW JOHNSON HWY LIFE CARE CENTER OF JEFFERSON CITY JEFFERSON CITY, TN 37760 (X5) COMPLETION PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX YEACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG The 2 hour fire rated wall in the 3 126/11 KOZA boiler room will be repaired so as to eliminate water damage, penetrations, and restore the integrity of the 2 hour fire rating with approved/appropriate materials by 3/26/2011. Ceiling penetration above the K 029 K 029 NFPA 101 LIFE SAFETY CODE STANDARD phone lines will be repaired with SS=E approved/appropriate materials by One hour fire rated construction (with 3/4 hour fire-rated doors) or an approved automatic fire 3/26/2011. 7) The ceiling penetration in the extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When laundry in the room behind the the approved automatic fire extinguishing system dryers will be repaired with option is used, the areas are separated from approved/appropriate materials by other spaces by smoke resisting partitions and 3/26/2011. doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed How will you identify other residents 48 inches from the bottom of the door are having the potential to be affected by the permitted. 19.3.2.1 same deficient practice? Maintenance Department will inspect all facility hazardous areas to assure the fire This STANDARD is not met as evidenced by: rated construction is maintained to include Based on observation and interview, the facility no penetration violations. Any violations failed to assure hazardous area 's fire rated found will be immediately scheduled for construction is maintained. repair in accordance with regulations. The findings include: Observation and interview with the Maintenance What measures will be put into place or Director, on February 7, 2011 at 2:00 p.m. what systemic changes will the facility confirmed unsealed penetrations in the following make to ensure that the deficient locations: practice does not recur? 1) Kitchen ceiling above the hood suppression system cylinder Maintenance Director/Executive Director Kitchen ceiling on the side of the hood near will ensure that facility hazardous areas are the gas line. Kitchen wall above the door from the kitchen inspected to ensure that they maintain their appropriate fire rating without unsealed to the service hall

Electrical room wall adjacent to boiler room

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/10/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A, BUIL		PLE CONSTRUCTION  On an ann building of	(X3) DATE SU COMPLÉ	
		445275	B. WIN	IG		02/07	/2011
	ROVIDER OR SUPPLIER			33	EET ADDRESS, CITY, STATE, ZIP CODE 86 WEST OLD ANDREW JOHNSON HW EFFERSON CITY, TN 37760	Υ	
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(XS) COMPLETION DATE
			KO	29	penetrations after any future faci work/installations/construction in fire rated hazardous areas in the	nvolving	3 36 11
	,		32		How will the corrective actions monitored to ensure the deficie practice will not recur?		
K 029 SS=E	One hour fire rate fire-rated doors) of extinguishing system and/or 19.3.5.4 pthe approved autoption is used, the other spaces by a doors. Doors are field-applied prote	ed construction (with ¾ hour or an approved automatic fire tem in accordance with 8.4.1 rotects hazardous areas. When comatic fire extinguishing system areas are separated from smoke resisting partitions and a self-closing and non-rated or ective plates that do not exceed the bottom of the door are 3.2.1	K I	029	Facility hazardous areas will be preventative maintenance inspects schedule to occur quarterly, and a facility repair work/installations/construction in fire rated hazardous areas in the facility maintenance director will maintarecords pertaining to ensuring the appropriate fire rating of the facility hazardous areas.	tion after any avolving facility. ain all	•
	Based on observe failed to assure the construction is many the findings included by the findings included by the findings included by the findings included by the finding system cylinder and the finding by the findin	interview with the Maintenance ruary 7, 2011 at 2:00 p.m. Iled penetrations in the following above the hood suppressioning on the side of the hood near above the door from the kitchen					

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DEPARTMENT OF HEALTH AND HUN... A SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

FRINIED, VALIDIADII OMB NO. 0938-0391

	OF DEFICIENCIES F GORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(Sec. 2011)		PLE CONSTRUCTION	(X3) DATE SU COMPLET	
		145575	A. BU		G 01 - MAIN BUILDING 01	00/07	/2011
	ROVIDER OR SUPPLIER	ERSON CITY	1	ŞTR 3:	EET ADDRESS, CITY, STATE, ZIP CODE 36 WEST OLD ANDREW JOHNSON HW EFFERSON CITY, TN 37760	-	//2011
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ıx.	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIES OF T	ULD BE	(X5) COMPLETION DATE
K 029 K 038 SS=D	5) Boiler room 2-l heaters had numer significant water da 6) Ceiling above 7) Laundry in ceil NFPA 101 LIFE SA	nour wall by gas hot water rous openings as well as amage phone lines		038	K038 NFPA 101 LIFE SAFETY STANDARD What corrective action(s) will be accomplished for those resident to have been affected by the depractice?	e ts found	3/26/11
	Based on observational failed to assure expublic way. The findings include Observation and in Director, on February confirmed the exit sidewalk that ender	is not met as evidenced by: tion and interview, the facility tits failed to discharge to a  de: nterview with the Maintenance lary 7, 2011 at 2:00 p.m. by room 117 discharged to a led at an unmarked privacy it path was visible to a public			Latches will be removed and spriwill be placed on each of two garaccess this exit path to a public will allow the gates to be opened on one side of the gate and pushiother side. Signs will be posted gates as to whether one should p When not in use the spring will the gate closed. Exit signs will a placed on both gates. Lighting two bulbs that are both run off e power will illuminate the sideway path through the Activities court will all be complete by 3/26/201.  How will you identify other rehaving the potential to be affes same deficient practice?  All residents have the potential affected. The changes identified prevent future residents from be	tes which vay. This I by pulling ing on the on the ush or pull. help keep also be with at least mergency alk exit tyard. This I. sidents cted by the to be d above wil	

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

(X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF GORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED

AND PLAN C	F CORRECTION .	IDENTIFICATION NUMBER:	A. BUIL	DING	3 01 - MAIN BUILDING 01	COMPLE	ien (
		445275	B. WIN	IG_		02/07	7/2011
<u>.</u>	ROMDER OR SUPPLIER	ERSON CITY		33	EET ADDRESS, CITY, STATE, ZIP CODE 36 WEST OLD ANDREW JOHNSON HW EFFERSON CITY, TN 37760	Y	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	OPRIATE	(X5) COMPLETION DATE
K 038 SS=D	Exit access is arranged accessible at all times. This STANDARD Based on observational failed to assure expublic way. The findings included by the sidewalk that ender the exit sidewalk the exit sidewalk that ender the exit sidewalk the exit sidewalk that ender the exit sidewalk the exit	AFETY CODE STANDARD  Inged so that exits are readily Ines in accordance with section  is not met as evidenced by: Ition and interview, the facility Itis failed to discharge to a  Ide: Interview with the Maintenance In	K82	מנ	What measures will be put into what systemic changes will the make to ensure that the deficient practice does not recur?  Maintenance Director or designed complete preventative maintenant on the new spring loaded gate and illumination system for the exit parea. Any future violations identifies checks will be immediately.  How will the corrective action(smonitored to ensure the deficient practice will not recur?  Maintenance Director will provide of the preventative maintenance for the activity courtyard exit are Performance Improvement commonths for recommendations and up. Preventative Maintenance of continue 1 time per month and an violations found will be immediately active. Performance Improvement committee includes the ED, DON Director, Consultant Pharmacist, Maintenance Director, and intereddepartment heads.	facility  at  e will  ce checks  d  ath in this  ified in  repaired.  s) be  nt  de a report  findings  a to the  nittee for 4  d follow  necks will  my  ately  nent  N, Medical	

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DEPARTMENT OF HEALTH AND HUN. IN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391 (X3) DATE SURVEY (X2) MUII TIPLE CONSTRUCTION

STATEMENT O AND PLAN OF	OF DEFICIENCIES CORRECTION	(X1) PROVIDENSUPPLIENCLIA IDENTIFICATION NUMBER:	A. BUI	LDING	G 01 - MAIN BUILDING 01	COMPLET	1
		445275	G. VVII			02/07	/2011
	OVIDER OR SUPPLIER E CENTER OF JEFF	ERSON CITY		3:	EET ADDRESS, CITY, STATE, ZIP CODE 36 WEST OLD ANDREW JOHNSON HWY EFFERSON CITY, TN 37760		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	3	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DPRIATE	(X5) COMPLETION DATE
			ΚD	45	K045 NFPA 101 LIFE SAFETY STANDARD  How will corrective action be accomplished for those residents to have been affected by the defi	s found	3 26 11
					Appropriate lighting to comply wi and federal regulations has been o received and is in the process of b installed. These are dual light fixt which the power will run off our gwhen there is a facility power fail never leaving a means of egress in darkness. This installation will be complete prior to 3/26/2011.	rdered, eing cures to generator ure, thus	
				ħ	How will you identify other resinaving the potential to be affect same deficient practice?	dents ed by the	
K 045	NFPA 101 LIFE S	SAFETY CODE STANDARD	K	( <b>0</b> 4!	All residents have the potential to affected. The changes identified prevent future residents from being adversely affected.	above will	
SS=E	discharge, is arra lighting fixture (bu darkness. (This	eans of egress, including exit inged so that failure of any single ulb) will not leave the area in does not refer to emergency ance with section 7.8.) 19.2.8			What measures will be put into what systemic changes will you ensure that the deficient practinot recur?	make to	
	This STANDARD	) is not met as evidenced by: ration and interview, the facility			Maintenance Director or designe complete monthly preventative maintenance checks on the illum system for the facility outdoor n egress. Any future violations id	nination neans of entified in	pet Pana 3 di

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION 01 - MAIN BUILDING 01 A BUILDING B. WING\_ 02/07/2011 445275 STREET ADDRESS, CITY, STATE, ZIP GODE NAME OF PROVIDER OR SUPPLIER 336 WEST OLD ANDREW JOHNSON HWY LIFE CARE CENTER OF JEFFERSON CITY JEFFERSON CITY, TN 37760 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID COMPLETION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 045 these checks will be immediately repaired. 3/26/11 Continued From page 3 K 045 failed to assure exits paths were lighted so the area would not be in total darkness. How will the corrective action(s) be The findings include: monitored to ensure the deficient Observation and interview with the Maintenance practice will not recur, i.e., what quality Director, on February 7, 2011 at 9:20 a.m. assurance program will be put into confirmed the outside lights at the exits by rooms 123, 217, and 227 were not provided with multiple place? Maintenance Director will provide a report of the preventative maintenance findings on the illumination system for the facility outdoor means of egress to the Performance Improvement committee for 4 months for recommendations and follow up. Preventative Maintenance checks will continue 1 time per month and any violations found will be immediately repaired. Performance Improvement committee includes the ED, DON, Medical Director, Consultant Pharmacist, Maintenance Director, and interdisciplinary department heads.

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## DEPARTMENT OF HEALTH AND HU IN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

(X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION  NG 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED
		445275	B. WING		02/07/2011
	ROVIDER OR SUPPLIER		S	REET ADDRESS, CITY, STATE, ZIP CODE 336 WEST OLD ANDREW JOHNSON I JEFFERSON CITY, TN 37760	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFIGIENCIES  DY MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	PROPRIATE COMPLETION
K 052 SS=D	A fire alarm syste installed, tested, a with NFPA 70 Na 72. The system h and testing progra	MARETY CODE STANDARD  m required for life safety is and maintained in accordance tional Electrical Code and NFPA as an approved maintenance am complying with applicable NFPA 70 and 72. 9.6.1.4		How will corrective action be accomplished for those resid to have been affected by the practice?  Maintenance department will a two way diffuser is installed it supply vents of the building (t supply vents located by rooms and 125) in which their located 3 feet from a smoke detector. way diffusers will be installed diffused in a way so that its fleinterfere with smoke detection conversations with Stuart Hur 2/7/11 and 2/17/11 this means	ents found deficient  ensure that a h all air o include air i 211, 102, on is less than These two so that air is ow will not h. In witz on of resolution
	Based on observ failed to assure s least 3 feet from The findings inclu Observation and Director, on Febr confirmed the sm	is not met as evidenced by: ation and interview, the facility moke detectors were located at an air supply (NFPA 72, 2-3.5.1). Ide: interview with the Maintenance uary 7, 2011 at 8:45 a.m. noke detectors by rooms 211, re located 1-foot from an air	· ·	was verbally approved as one means of resolution to bring u compliance with regulations. diffusers will be installed priod the will you identify other having the potential to be affected. The changes identificated. The changes identificated affected. The changes identificated affected. What measures will be put if what systemic changes will ensure that the deficient pranot recur?	s into These These T to 3/26/11.  residents fected by the al to be ed above will being into place or you make to

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

(X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING 01 - MAIN BUILDING 01 B. WING 02/07/2011 445275 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 336 WEST OLD ANDREW JOHNSON HWY LIFE CARE CENTER OF JEFFERSON CITY JEFFERSON CITY, TN 37760 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Maintenance department will ensure that 3/26/11 K052 if/when any new air supply vents or smoke detectors are added in the future they will be placed at least 3 feet away from each other. How will the corrective action(s) be monitored to ensure the deficient practice will not recur? K 052 K 052 NFPA 101 LIFE SAFETY CODE STANDARD Maintenance director/Executive director SS=D will collaborate to ensure that if/when any A fire alarm system required for life safety is new air supply vents or smoke detectors are installed, tested, and maintained in accordance added in the future they will be placed at with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance least 3 feet away from each other. and testing program complying with applicable Maintenance director will maintain all requirements of NFPA 70 and 72. 9.6.1.4 records pertaining to installation of any new air supply vents and/or smoke detectors. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure smoke detectors were located at least 3 feet from an air supply (NFPA 72, 2-3.5.1). The findings include: Observation and interview with the Maintenance Director, on February 7, 2011 at 8:45 a.m. confirmed the smoke detectors by rooms 211. 102, and 125 were located 1-foot from an air supply.

FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION 01 - MAIN BUILDING 01 A. BUILDING B. WING 02/07/2011 445275 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 336 WEST OLD ANDREW JOHNSON HWY LIFE CARE CENTER OF JEFFERSON CITY JEFFERSON CITY, TN 37760 (X5) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION ID SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG K062 NFPA 101 LIFE SAFETY CODE 3/26/11 KO62 STANDARD What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? In order to comply with the standard that states we are to assure that our sprinkler heads are free of corrosion the sprinkler head in the boiler room, which was found to have been corroded, was replaced on 2/11/11 by Simplex Grinnell. Prior to 3/26/11 and quarterly the maintenance department will inspect/ensure inspection of all facility sprinkler heads for corrosion. Any sprinkler heads found to have any corrosion will be immediately scheduled for replacement. How will you identify other residents having the potential to be affected by the same deficient practice? All residents have the potential to be affected. The procedures identified above will prevent future residents from being adversely affected. What measures will be put into place or

SS=D

K 062 NFPA 101 LIFE SAFETY CODE STANDARD

Required automatic sprinkler systems are continuously maintained in reliable operating K 062

Maintenance Director or designee will complete/ensure completion of quarterly

what systematic changes will you make to ensure that the deficient practice does

not recur?

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CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 445275 02/07/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 336 WEST OLD ANDREW JOHNSON HWY LIFE CARE CENTER OF JEFFERSON CITY JEFFERSON CITY, TN 37760 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (X4) ID 1D PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 062 sprinkler checks for corrosion on all facility 3/26/11 K 062 Continued From page 4 sprinkler heads. Any sprinkler heads found condition and are inspected and tested to have any corrosion will be immediately periodically. 19.7.6, 4.6.12, NFPA 13, NFPA scheduled for replacement. 25, 9.7.5 How will the corrective action(s) be monitored to ensure the deficient practice will not recur? This STANDARD is not met as evidenced by: Maintenance Director/Executive Director Based on observation and interview, the facility will ensure that as soon as any corrosion is failed to assure sprinkler heads were free of identified on any sprinkler head during a corrosion. quarterly check that the sprinkler head is The findings include: immediately scheduled for replacement. Observation and interview with the maintenance Maintenance director will maintain all director on February 7, 2011 at 9:50 a.m. confirmed the sprinkler head in the boiler room records pertaining to sprinkler head was corroded. preventative maintenance and replacement. K 069 NFPA 101 LIFE SAFETY CODE STANDARD K 069 K069 NFPA 101 LIFE SAFETY CODE 3 26 11 SS=D STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient This STANDARD is not met as evidenced by: practice? Based on observation and interview, the facility In order to assure commercial cooking failed to assure commercial cooking equipment equipment is provided with the proper was provided with proper suppression system for the components under the cooking hood and that suppression system for the components it complied with NFPA 96. under the cooking hood and to assure The findings include: compliance with NFPA 96, Life Care Observation and interview with the Maintenance Center of Jefferson City Executive Director Director, on February 7, 2011 at 2:45 p.m. and Maintenance Director are taking the confirmed the six burner stove and griddle was following actions: located under nozzles where two (2) deep fryers 1) Had Simplex Grinnell come to used to be with #230 nozzles. facility on 2/8/11 to ensure our hood system was appropriately set up for the cooking equipment under it. To achieve compliance with regulations, they replaced 2 230 nozzles with 2 260 nozzles,

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#### CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING 01 - MAIN BUILDING 01 B. WING\_ 02/07/2011 445275 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 336 WEST OLD ANDREW JOHNSON HWY LIFE CARE CENTER OF JEFFERSON CITY JEFFERSON CITY, TN 37760 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 3/26/11 ensure accurate angling and KOB placement of these nozzles, and tested system for appropriate functioning including gas shutoff. 2) Got Bill Kees from Simplex Grinnell in phone contact with Stuart Hurwitz, Fire Safety Specialist, on 2/17/11 to discuss what additional measures needed to be taken to ensure compliance with regulations. In Executive Director's conversation with Stuart Hurwitz on 2/17/11, Mr.Hurwitz stated that he had spoken with Bill Kees from Simplex Grinnell earlier 3/26/11 on 2/17/11, and that Mr. Kees was NFPA 101 LIFE SAFETY CODE STANDARD K 069 K 069 going to submit the required SS=D Cooking facilities are protected in accordance technical drawings with 19.3,2.6, NFPA 96 dimensions, documentation for with 9.2.3. specific nozzles, and total flow points to the state director of This STANDARD is not met as evidenced by: engineering, Bill Harmon, for Based on observation and interview, the facility official approval. Called Bill Kees failed to assure commercial cooking equipment to confirm. All necessary was provided with proper suppression system for documentation will be submitted to the components under the cooking hood and that state for approval prior to 3/26/11. it complied with NFPA 96. The findings include: Observation and interview with the Maintenance How will you identify other residents Director, on February 7, 2011 at 2:45 p.m. having the potential to be affected by the confirmed the six burner stove and griddle was same deficient practice? located under nozzles where two (2) deep fryers used to be with #230 nozzles. All residents have the potential to be affected. The procedures identified below will prevent future residents from being adversely affected.

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#### DEPARTMENT OF HEALTH AND HUM, "4 SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION COMPLETED A. BUILDING 01 - MAIN BUILDING 01

7.0		445275	B. WII	NG	(1 - MAIN BOILDING VI	02/07	/2011
	OVIDER OR SUPPLIER		<u> </u>	33	EET ADDRESS, CITY, STATE, ZIP CODE 6 WEST OLD ANDREW JOHNSON HW EFFERSON CITY, TN 37760		
(X4) ID PREFIX TAG	(FACH DEFICIENCY	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAC	FIX S	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	OPRIATE	(X5) COMPLETION DATE
K 069 SS=D	Cooking facilities with 9.2.3. 19.3  This STANDARD Based on observe falled to assure or was provided with the components of the complete with National The findings included birector, on February 19.3.	ide: interview with the Maintenance uary 7, 2011 at 2:45 p.m. burner stove and griddle was zzles where two (2) deep fryers	KO		What measures will be put into what systematic changes will yo to ensure that the deficient pranot recur?  Any time any new kitchen equiponous dered for purchase that wou placement under the hood Maint Director/Executive Director will state Fire Safety Specialist for grand will follow all recommended procedures and get all recommended approvals prior to the installation equipment.  How will the corrective action monitored to ensure the deficient practice will not recur?  Any time any new kitchen equiponsidered for purchase that wo placement under the hood Maint Director/Executive Director will state Fire Safety Specialist for and will follow all recommended procedures and get all recommended procedures and get all recommendation approvals prior to the installation equipment. Maintenance direct maintain all records pertaining appropriate hood system setup is consideration of type of equipment.	ment is ald require enance contact uidance is added n of this contact uidance is all require tenance is all requir	3 36 11

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# DEPARTMENT OF HEALTH AND HUMAN SERVICES

NTERS	OR MEDICARE	& MEDICAID SERVICES	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
EMENT OF PLAN OF CO	DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILDING 01 - MAIN BUILDING 01			COMPCETED	
		445275	B. WIN				/2011
E OF PROV	IDER OR SUPPLIER			338 WEST OLD	, CITY, STATE, ZIP CODE ANDREW JOHNSON	HWY HWY	
ECARE	CENTER OF JEF	FERSON CITY		JEFFERSON	CITY, TN 37760	MCTICAN I	(35)
(4) ID REFIX TAG	THE A PRINCIPAL	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID FREFI TAG	X (EACH CROSS-	OVIDER'S PLAN OF CORF CORRECTIVE ACTION & REFERENCED TO THE A DEFICIENCY)	PPROPRIATE	COMPLETION DATE
-			KOT	A K072 NF. STANDA	PA 101 LIFE SAI RD	ETY CODE	3/36/11
				aggamplie	rective action(s) v shed for those resi	ments inne	
				to have be practice?	een affected by to	e deficient	
				led by Ex	all corridor was cle ecutive Director w Ianager, Central St	as held willi	3
				Environm	nental Services Mar nee Director on 2/ a plan for keeping	nager, and 16/11 to	u
				clear. Di	a plan for keeping etary Manager and Director identified from Central Supply	a room across	5
				opens to	the service hall) the eded to use. Centi- lacing any oversto	at they no ral Supply wil	1
	9			into this	room until it is need in a on the floors.	ded for use of Dietary	
				Mainten	Housekeeping Stance Director and one incoming stock is	nto an	
		,		appropri	ate storage location  Any remaining i  ent will be taken to	n as soon as it tems from any	1.2
				storage	building immediate	ely.	
K 072 SS≃0		SAFETY CODE STANDARD		having	ll you identify oth the potential to be eficient practice?	e affected by	the
3350	of all obstruction	s are continuously maintained fr ns or impediments to full instant of fire or other emergency. No	ee	All raci	dents have the pote	ential to be	
	furnishings dec	corations, or other objects obstru	ct	affected	i. The procedures	identified here	em

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DEPARTMENT OF HEALTH AND HUM	SERVICES
CENTERS FOR MEDICARE & MEDICA.	SERVICES

CENTERS FOR MEDICARE & MEDICARD SERVICES STATEMENT OF DEFICIENCIES

(X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

A. BUILDING 01 - MAIN BUILDING 01

COMPLETED

445275

B. WING \_\_\_

02/07/2011

NAME OF PROVIDER OR SUPPLIER

AND PLAN OF CORRECTION

### LIFE CARE CENTER OF JEFFERSON CITY

STREET ADDRESS, CITY, STATE, ZIP CODE 336 WEST OLD ANDREW JOHNSON HWY

LIFE CAI	RE CENTER OF JEFFERSON CITY	J	JEFFERSON CITY, TN 37760				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
K 072	Continued From page 5 exits, access to, egress from, or visibility of exits. 7.1.10	K 072	will prevent future residents from being adversely affected.  What measures will be put into place or	3/36/11			
	This OTANIDATIO is not seek as a sidenged by:		what systematic changes will you make to ensure that the deficient practice does not recur?	į:			
9	This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure the corridors in the means of egress were maintained clear of all obstructions (NFPA 101- 7.1.10.2.1.) The findings include: Observation and interview with the Maintenance Director, on February 7, 2011 at 1:30 through 4:30 p.m. confirmed the service hall comidor had boxes and other combustibles along 30-feet length of the wall.		In order to assure the corridors in the means of egress are maintained clear of all obstructions Maintenance Director/Central Supply Associate/Environmental Services Supervisor or designee will observe the service corridor and all egress corridors each morning. Maintenance Director/Central Supply Associate/Environmental Services Supervisor or designee will resolve any violations/clear any egress obstructions in corridors, and will report findings to ED daily.				
			How will the corrective action be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place?				
			Maintenance Director/Central Supply Associate/Environmental Services Supervisor or designee will observe service corridor and all egress corridors each morning, will resolve any violations/clear any egress obstructions in corridors, and will report findings to ED daily for three months, or until 100% compliance is achieved. Maintenance				

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DEPARTMENT OF HEALTH AND HUI **SERVICES** CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING 01 - MAIN BUILDING 01  B. WING		02/07/2011		
NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF JEFFERSON CITY				STREET ADDRESS, CITY, STATE, ZIP CODE  336 WEST OLD ANDREW JOHNSON HWY  JEFFERSON CITY, TN 37760			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE DEFICIENCY)		ULD BE ROPRIATE	(X5) COMPLETION DATE
K 072	7.1.10  This STANDARE Based on observ failed to assure the egress were main (NFPA 101- 7.1.) The findings inched observation and Director, on Februs 4:30 p.m. confirm	is not met as evidenced by: ation and interview, the facility he corridors in the means of intained clear of all obstructions 10.2.1.) ude: interview with the Maintenance ruary 7, 2011 at 1:30 through ned the service hall corridor had combustibles along 30-feet	K	072	Director/Environmental Services or designee will report findings to committee for 3 months or until compliance has been achieved for purpose of recommendations and up. Performance Improvement of includes the ED, DON, Medical Consultant Pharmacist, Environs Services Director, Maintenance and interdisciplinary department	to the PI 100% or the d follow committee Director, mental Director,	3 26 11